

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: DARBOY LIVING CENTER (410533)

Address: N9520 SILVER CT, APPLETON, WI 54915

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096247 **End Date:** 11/29/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095230 **End Date:** 06/13/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007178 Served 07/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	11/29/2005	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	11/29/2005	Yes
83.21(2)(c)	COPIES OF RESIDENT RIGHTS IN FACILITY	11/29/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	11/29/2005	Yes
83.32(2)(a)8	SOCIAL PARTICIPATION	11/29/2005	Yes
83.33(2)(a)	SUPERVISION	11/29/2005	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	11/29/2005	Yes
83.33(2)(h)1	MEDICAL SERVICES	11/29/2005	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	11/29/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	11/29/2005	Yes
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	11/29/2005	Yes

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CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093263 **End Date:** 08/25/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007015 Served 09/07/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	06/13/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 07/19/2005 **SOD #**10007178 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.18(1)(d)2
FORFEITURE---83.19(1)(d)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(2)(a)
FORFEITURE---83.33(2)(h)1
FORFEITURE---83.33(4)(b)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 09/12/2005

Date Investigation Completed: 11/29/2005

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 05/05/2005

Date Investigation Completed: 06/29/2005

Subject Area(s)

RESIDENT RIGHTS
NUTRITION & FOOD SERVICES
ADMINISTRATION
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10007178

10007178
10007178

Date Complaint Received: 04/18/2005

Date Investigation Completed: 06/29/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007178
10007178

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